



Complete Summary

TITLE

Acute stroke care: percentage of stroke patients discharged from acute care with documented assessment of mood during audit period.

SOURCE(S)

National Stroke Foundation. Acute stroke services framework 2008. Melbourne VIC: National Stroke Foundation; 2008. 37 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of stroke patients discharged from acute care with documented assessment of mood during audit period.

RATIONALE

Mood is frequently affected following a stroke. Depression is the most common mood disturbance with a meta-analysis of observational studies finding approximately one third of patients have depression after stroke. Depression is common in the acute, medium and long term. Mood changes can interfere with rehabilitation and thus should be assessed and managed as appropriate.

PRIMARY CLINICAL COMPONENT

Acute stroke; mood assessment

DENOMINATOR DESCRIPTION

Total number of stroke patients discharged from acute hospital care during audit period

NUMERATOR DESCRIPTION

Number of stroke patients discharged from acute care with documented assessment of mood during audit period (see the related "Numerator Inclusions/Exclusion" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Organisation of services. In: Clinical guidelines for acute stroke management.](#)
- [Pre-hospital care. In: Clinical guidelines for acute stroke management.](#)
- [Early assessment and diagnosis. In: Clinical guidelines for acute stroke management.](#)
- [Acute medical and surgical management. In: Clinical guidelines for acute stroke management.](#)
- [Assessment and management of the consequences of stroke. In: Clinical guidelines for acute stroke management.](#)
- [Prevention and management of complications. In: Clinical guidelines for acute stroke management.](#)
- [Secondary prevention. In: Clinical guidelines for acute stroke management.](#)
- [Discharge planning, transfer of care and integrated community care. In: Clinical guidelines for acute stroke management.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

30-50% of stroke patients develop depression.

EVIDENCE FOR INCIDENCE/PREVALENCE

Hackett ML, Yapa C, Parag V, Anderson CS. Frequency of depression after stroke: a systematic review of observational studies. Stroke2005;36(6):1330-40. [PubMed](#)

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Stroke is Australia's second single greatest killer after coronary heart disease and a leading cause of disability.

EVIDENCE FOR BURDEN OF ILLNESS

Australian Institute of Health and Welfare (AIHW). Australia's health 2006. Canberra ACT: Australian Institute of Health and Welfare (AIHW); 2006. 528 p.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Stroke patients admitted to hospital during audit period

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of stroke patients discharged from acute hospital care during audit period

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS**Inclusions**

Number of stroke patients discharged from acute care with documented assessment of mood* during audit period

*Documented assessment of mood using one or more validated and reliable assessment tools during acute hospital care. Assessment of abnormal mood may occur via psychiatric interview using standard diagnostic criteria such as the Diagnostic and Statistical Manual of Mental Disorders (e.g., DSMIV), psychiatric rating scales (e.g., Hamilton Depression rating scale, Geriatric depression scale) or a self-rating mood scale (e.g., Patient Health Questionnaire 9-item depression scale [PHQ-9]). Rating scales and single simple screening questions have been found to have adequate sensitivity but generally lack specificity and hence are useful for screening rather than to diagnose depression (although they are not as useful for anxiety). Scales specifically for people with aphasia have also been developed (e.g., Aphasic depression rating scale).

Exclusions

Reasons for inability to undertake or complete assessment (e.g., patient in coma)

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Mood assessed during admission.

MEASURE COLLECTION

[Performance Indicators for Acute Stroke](#)

DEVELOPER

National Stroke Foundation (Australia)

FUNDING SOURCE(S)

National Stroke Foundation (Australia)

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Stroke Audit Advisory Committee (2007) involving 18 people with expertise in clinical care, policy, administration and methodology. Consumer input was also included.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Jan

REVISION DATE

2008 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Stroke Foundation. Acute stroke services framework 2008. Melbourne VIC: National Stroke Foundation; 2008. 37 p.

MEASURE AVAILABILITY

The individual measure, "Mood Assessed During Admission," is published in "Acute Stroke Services Framework 2008." This document is available in Portable Document Format (PDF) at the [National Stroke Foundation Web site](#).

For more information, contact the National Stroke Foundation at Level 7, 461 Bourke Street, Melbourne VIC 3000; Phone: (03) 9670 1000; Web site: www.strokefoundation.com.au.

COMPANION DOCUMENTS

The following is available:

- National Stroke Foundation. Acute stroke services framework summary. Melbourne VIC: National Stroke Foundation, 2008. 6 p. This document is

available in Portable Document Format (PDF) at the [National Stroke Foundation Web site](#).

For more information, contact the National Stroke Foundation at Level 7, 461 Bourke Street, Melbourne VIC 3000; Phone: (03) 9670 1000; Web site: www.strokefoundation.com.au.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on April 10, 2009. The information was verified by the measure developer on July 23, 2009.

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